

Family Psychoeducation

Implementation Resource Kit



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Information for Mental Health Program Leaders

What is family psychoeducation?

Family psychoeducation is a method of working in partnership with families to impart current information about the illness and to help them develop coping skills for handling problems posed by mental illness in one member of the family. The goal is that practitioner, consumer, and family work together to support recovery. It respects and incorporates their individual, family, and cultural realities and perspectives. It almost always fosters hope in place of desperation and demoralization.

Psychoeducation can be used in a single family or multi-family group format, depending on the consumers and family's wishes, as well as empirical indications. Single family and multi-family group versions will have different outcomes over the long term, but there are similar components. The approach has several phases, each with a specific format:

Introductory sessions

Family members meet with a practitioner, together or separately, and begin to form a partnership. These sessions explore warning signs of illness, the family's reactions to symptoms and behaviors, feelings of loss and grief, and goals for the future.

Educational workshop

Families come together in a classroom format for at least four hours to learn the most current information about the psychobiology of the illness. They learn important information about normal reactions, managing stress, safety measures. Families choosing single family psychoeducation may also wish to attend this session.

Problem-solving sessions

Consumers and families meet every two weeks for the first few months in a single or multi-family format while learning to deal with problems in a pragmatic, structured way. The best results occur when the work proceeds for at least nine months. Additional time of up to two years promotes improved outcomes.

Why should mental health program leaders consider family psychoeducation?

Increasingly, mental health facilities are feeling pressure to meet the demands of service and productivity. Mental health program leaders find they need to direct services that will satisfy these demands without sacrificing the quality of care being offered. At the same time, program leaders are concerned about practitioners' level of satisfaction.

The American Psychiatric Association and the Agency for Health Care Policy and Research cite family psychoeducation as one of the most effective ways to manage schizophrenia. Research has shown that there is a significant reduction in relapse rates (by at least 50% of previous rates) when family intervention, multi-family groups, and medication are used concurrently. Recent studies show promising results for bipolar disorder, major depression, and other severe mental illnesses.

What is the benefit of psychoeducation for practitioners?

Research has shown that psychoeducation provides practitioners with an opportunity to:

- ▶ Promote improved clinical outcomes, satisfaction, and higher rates of recovery amongst their clients
- ▶ Feel more supported in their efforts to manage the effects of illness
- ▶ Build relationships with families
- ▶ Experience improved cost-benefit ratios

In fact, many practitioners find that their work with families helps them develop their own professional skills. They describe an improved understanding of the effect of illness on family relations and an improved ability to shift their own perspectives from practitioner to partner.

Who is the target population?

The greatest amount of research has shown benefits for people with schizophrenic disorders and their families. Further, people who participate in family psychoeducation at an early stage of their illness have especially promising outcomes in terms of symptoms and employment. Increasing evidence shows that new versions for mood disorders, OCD, and borderline personality disorder are effective, as well for consumers who lack family support altogether. Thus, the population with the greatest benefit will be those with the most severe psychiatric disorders.

Family refers to anyone who cares about the consumer. It does not have to be a relative or a person sharing the same living space.

What can I do to implement family psychoeducation?

Mental health systems that have some psychosocial or psychotherapy services, can largely reallocate services toward family psychoeducation. If multi-family groups are established, total service efforts will actually decrease by the end of the first year. A recent cost-effectiveness study shows that the extra effort will be more than recouped in saved crisis/intensive treatment efforts and costs. Special arrangements may be needed to provide access to families from some cultural groups. It is very useful to consult with and involve the local or state chapter of NAMI.

This approach is designed to largely replace individual meetings with consumers. The most cost-effective approach is to simply include the family in most ongoing sessions, whether in single or multi-family group format. Most licensed mental health practitioners can learn to work within this model quite effectively. That includes social workers, psychiatric nurses, psychiatrists, psychologists, occupational therapists, and case managers. The usual steps toward establishing services include an agency-wide orientation and program consultation, intensive clinical training, and about one year of group supervision.

For more information

Information about family psychoeducation, as well as other evidence-based practices for the treatment of mental illness in the community, can be found at www.mentalhealthpractices.org.